

CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)

PROGRAM: Victim/Witness Assistance Recovery Act

PERFORMANCE ASSESSMENT / SITE VISIT REPORT

1. **GRANT AWARD NUMBER:** RV09010420 **DATE OF SITE VISIT:** 07/14/2010
2. **GRANT PERIOD:** 07/01/2009 - 06/30/2010
3. **RECIPIENT/IMPLEMENTING AGENCY:**
County of Santa Barbara District Attorney's Office
4. **PROJECT DIRECTOR:**
Joyce Dudley (just elected)

PERSONS INTERVIEWED DURING SITE VISIT:

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Megan Rheinschild</u>	<u>Program Director</u>	<u>DA's Office, V.W.</u>
<u>Jennifer Marttinen</u>	<u>Dir. Admin. Services</u>	<u>DA's Office, VW</u>
<u>JoAnn Slattery</u>	<u>Business Manager</u>	<u>DA's Office, V.W.</u>
<u>Lourdes Negrete</u>	<u>V/W Advocate (RV,VS)</u>	<u>DA's Office, V.W.</u>
<u>Lorrie LeSage</u>	<u>V/W Advocate (EA)</u>	<u>DA's Office, V.W.</u>
<u> </u>	<u> </u>	<u> </u>

Signature of Program Specialist

09/02/10
Date

Signature of Section Chief

9/3/10
Date

Signature of Project Representative

Date

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

1. OPERATIONAL DOCUMENTS

YES NO N/A

Review hard copy/verify the ability to access on line:

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at www.whitehouse.gov/omb/circulars . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- | | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [<i>R.H. Section 2161</i>] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show: | | | |
| ○ Bonding company's name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Form A, Employee Dishonesty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Form B, Forgery Coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

4. PROOF OF AUTHORITY (R.H. Section 1350)

	YES	NO	N/A
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- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

5. ORGANIZATIONAL CHART

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the organizational chart. Are all budgeted positions identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

6. Cal EMA MODIFICATION (Cal EMA 2-223)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] (<i>Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.</i>) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|
- A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

7. PERSONNEL POLICIES

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project staff have access to written personnel policies as required? [R. H. Section 2130] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the personnel policies include: | | | |
| ○ Work hours | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Compensation rates including overtime and benefits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Vacation, sick, and other leave allowances | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Hiring and promotional policies | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
 - Staff note: Complete a sample review of a personnel file
 - Job application
 - Resume
 - Performance evaluations
 - Salary rates
 - Benefits
 - Current job duties/descriptions
 - Other terms of employment
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Did the Board approve the agency's existing personnel policy?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

timesheets are electronically signed

9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?
 - Name of individual who approves purchases.
JoAnn Slattery
 - Name of individual who writes checks.
County Auditor's Office
 - Name of individual(s) who signs checks.
Auditor

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- | | YES | NO | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 10. <u>SOURCE DOCUMENTATION-Fiscal /R. H. Section 11000/</u> | | | |
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

Codes for each program

11. PROJECT EXPENDITURES

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

12. MATCH REQUIREMENTS

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a match requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

13. EEO POLICY

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT

SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

GENERAL

YES NO N/A

14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

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Comments:

15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

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Comments:

16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

Damion system.

17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

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Comments:

will update for VW Program

18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

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Comments:

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

Checklist Items	Yes	No	Comments
SUPPLEMENTAL PROGRAMMATIC REVIEW		RV09010420	
1. MANDATORY SERVICES			
a. Crisis Intervention			
(1) Provide in person/telephone contacts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide crisis intervention and arrange for needed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Emergency Assistance			
(1) Arrange emergency assistance within the first 24 hours after initial contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Written procedures in place for disbursing funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) OA(s) on file with service providers (i.e. shelters)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Resource and Referral Assistance			
(1) Provide non-emergency referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) OA(s) on file with service providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Direct Counseling			
(1) Provide in person or telephone guidance and/or emotional support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If counseling is provided, it is at a level that does not require a licensed professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) If counseling is referred, OA(s) on file with service providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refer out, have database where services are tailored for individual victims
e. Victims of Crime Claims			
(1) Assist clients in preparing applications for compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Advocate is aware their role does not include determination of eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Is a joint Powers unit locally located	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Property Return			
(1) Assist in the return of property held as evidence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If property cannot be returned, an explanation is provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

Checklist Items	Yes	No	Comments
SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)			
1. MANDATORY SERVICES (Continued)			
g. Orientation to the Criminal Justice System			
(1) Provide information on the location, procedures, and functions of local criminal justice agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Written material/brochures are available in languages appropriate to local ethnic needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h. Court Escort			
(1) Provide physical accompaniment during court appearances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide physical accompaniment during interviews with law enforcement and prosecution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i. Presentations and Training for Criminal Justice Agencies			
(1) Conduct informational presentations regarding resources available through V/W Centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For EA and VW programs
(2) Conduct informational presentations explaining the rights and needs of victims	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j. Public Presentations and Publicity			
(1) Promote public awareness of V/W services through public media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Conduct presentations to victim service organizations and community groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Participate in Victims' Rights Week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public media presentations
k. Case Status/Case Disposition			
(1) Advise victim of the progress and disposition of case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Assist victim with preparing Victim Impact Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l. Notification of Family/Friends			
(1) Notify victim's relatives and/or friends of the occurrence of the crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upon request
m. Employer Notification			
(1) Notify employer that client was a victim/witness to a crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upon request
(2) Encourage employer to minimize any loss of pay or other benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
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Checklist Items	Yes	No	Comments
SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)			
1. MANDATORY SERVICES (Continued)			
n. Restitution			
(1) Assist in obtaining restitution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Both Victim/Witness and Restitution Specialist
(2) Provide the Probation Department, District Attorney, and Court with information relevant the victim's losses prior to the imposition of sentencing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. OPTIONAL SERVICES			
(1) Employer Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Creditor Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	As requested
(3) Child Care Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sometimes
(4) Witness Notification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Witness coordinator is in the office
(5) Funeral Arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sometimes
(6) Crime Prevention Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(7) Witness Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name change assistance, Secretary of State Confidential Address Program
(8) Temporary Restraining Order (TRO) Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refer to legal aide or resource center
(9) Transportation Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Easy Lift, or other transportation
(10) Court Waiting Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In V/W office + child's waiting room
3. AGENCY ORGANIZATION			
a. Facility			
(1) V/W Center is open during normal business hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Waiting Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Private Interview Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In office space, private room
b. Personnel & Organization			
(1) Reporting lines of Authority are consistent with the Project Contact Information form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will need update for new D.A.
(2) Authorization for additional signature authority is current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Evidence of completion of 40 hour Entry-Level Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Central file in Megan's office
SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)			

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)
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b. Personnel & Organization (Continued)

(4) Evidence of completion of Advance Training, if applicable



(5) Evidence of completion of Coordinator's Training, if applicable



(6) Volunteers utilized as required



Additional Comments / Notes:

PERFORMANCE ASSESSMENT/SITE VISIT REPORT
SANTA BARBARA COUNTY VICTIM/WITNESS RECOVERY ACT PROGRAM
RV09010420

SECTION III – AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA)
PROGRAMMATIC REVIEW

YES NO N/A

1. Is the project aware that they must provide Cal EMA with a valid Data Universal Numbering System (DUNS) Number for the implementing agency and not the County's DUNS number?

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Comments:

2. Is the project aware of the Central Contractor Registry (CCR) requirements?

- Register with a valid DUNS number; and
- Renew CCR registration yearly for the life of the grant.

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☒ ☐ ☐

Comments:

3. Does the project understand that they report Section 1512(c) information to Cal EMA and not to FederalReporting.gov directly?

- Report the total number of hours worked for each ARRA funded position on the Jobs Data Collection Sheet; and
- Completed Jobs Data Collection Sheets are due to Cal EMA by the 3rd working day of each month for JAG funded programs and by the 10th day of the each month for VOCA or VAWA funded programs.
- Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked.

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☒ ☐ ☐
☒ ☐ ☐

Comments:

4. Does the project understand that by accepting the grant award, they agreed to:

- Track, account for, and report on all ARRA funds (including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award funds from non-ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate.); and
- Accounting systems must ensure that ARRA funds are not commingled with funds from any other source.

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Comments:

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT
SANTA BARBARA COUNTY VICTIM/WITNESS RECOVERY ACT PROGRAM
RV09010420**

5. Is the project familiar with Office of Management and Budget, OMB Circulars which govern their organization? Circulars may be found at www.whitehouse.gov/omb/circulars. ☒ ☐ ☐

Comments:

6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at www.usdoj.gov/oig. ☒ ☐ ☐

Comments:

7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool. ☒ ☐ ☐

Comments:

8. Does the project understand that by accepting the grant award, they:
- Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG)), and its representatives, and the Government Accountability Office (GAO), access to and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any subrecipient, contractor, or subcontractor; and ☒ ☐ ☐
 - Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any subrecipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award. ☒ ☐ ☐

Comments:

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT
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RV09010420**

9. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:

- Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT);
- PMT reports must be completed on a quarterly basis (i.e., July 15, October 15, January 15, and April 15) for the life of the grant; and
- Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked.

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(Specific to Recovery JAG funded programs only).

Comments: _____

10. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding?

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Documentation may include:

- Budget comparisons and/or projections before and after the Recovery Act award date
- Formal layoff recommendations and retractions (memos, reports) or
- Minutes of formal meetings where official budget decisions were made.

(Specific to Recovery VOCA/VAWA funded programs only).

Comments: _____ Notice of Layoff

SECTION IV - ADDITIONAL COMMENTS:

NOTES: